

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS640HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2010
NAME OF PROVIDER OR SUPPLIER MOUNTAINVIEW HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 N TENAYA LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 04/21/10 in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00024473 was substantiated with deficiencies cited.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000	<p>S512</p> <p>a. Letter of apology will be sent to the family including our plan of correction.</p> <p>b. All patients transferred have the potential for being affected; the case managers and nursing staff will receive education to alert them to the need for caution in selecting the correct facility from drop down lists as names can be similar.</p> <p>c. This hospital uses an electronic health record. At discharge, the RN typically selects a drop down menu of facilities offering rehab services and checks the box of the appropriate facility. If the facility is not listed, the 'other' category is used to type in the name of the assigned facility. Upon investigation, it was discovered that the rehab facilities list did not include the names of skilled nursing facilities offering rehab services. The discharging RN checked the only rehab facility that sounded similar: Healthsouth Valley View when she should have selected the 'other' box and typed in Vegas Valley since it was a SNF offering rehab and not a rehab facility. Corrective action is to update the computerized dropdown lookup screens by adding all SNFs that provide rehab facilities in the rehab category as well as the SNF category.</p>	
S 512 SS=A	<p>NAC 449.379 Medical Records</p> <p>3. Medical records must be accurately written, promptly completed, properly filed and retained, and accessible. A hospital shall use a system for author identification and record maintenance that ensures the integrity of the authentication of the record and protects the security of all entries to a medical record.</p> <p>This Regulation is not met as evidenced by: Based upon the findings of the investigation, the allegation that the facility did not ensure that the</p>	S 512	<p>d. 30 charts will be audited for each of the next three months to compare the discharge disposition sheet completed by case management with the documentation in the electronic health record completed typically by the RN</p> <p>e. Director of Case Management</p> <p>f. Anticipated date of correction May 31, 2010.</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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TITLE

(X6) DATE

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S 512	Continued From page 1 correct discharge destination was contained in the clinical record was substantiated. scope: 1 severity: 1	S 512			

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LAS VEGAS, NEVADA